

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

a. Methods for Discovery: Health and Welfare

The State demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

i. Sub-Assurances:

- a. Sub-assurance: The State demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

Performance Measures

Out of the total number of reported incidents of suspected abuse/neglect, the number reported within the required timeframe.

Data Source: Incident reports

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: Ongoing and continuously, as each report is reviewed

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: semi-annually, or as determined by the DD QI Committee and/or Deputy Director

- b. Sub-assurance: The State demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.

Performance Measures

Of the total number of behavioral incidents investigated, the number of citations issued as a result of the investigation.

Data Source: DD Surveyor/Consultant complaint investigation activities

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: quarterly and annually

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: semi-annually, or as determined by the DD QI Committee and/or Deputy Director

- c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.

Performance Measures

Of the total number of incidents reported, the number reporting the use of restraints.

Data Source: Incident reports.

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: continuously and ongoing, as each report is reviewed

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: semi-annually, or as determined by the DD QI Committee and/or Deputy Director

Of the total number of incidents reported, the number reporting the use of seclusion.

Data Source: Incident reports

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: continuously and ongoing, as each report is reviewed

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: semi-annually, or as determined by the DD QI Committee and/or Deputy Director

- d. Sub-assurance: The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

Performance Measures

Of the total number of service coordination monitorings, the number of monitorings that indicate all annual medical evaluations are completed as needed.

Data Source: SC Supervisor service plan review

Data Source: DD Waiver Eligibility Determination worksheet.

Responsible Party for data collection: State Medicaid Agency

Frequency of data collection: monthly, quarterly and annually, following each annual service plan team meeting, and with each initial and annual waiver eligibility determination.

Sampling Approach: 100% Review

Data Aggregation and Analysis: State Medicaid Agency

Frequency of data aggregation and analysis: semi-annually, or as determined by the DD QI Committee and/or Deputy Director

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Nebraska state statute 83-1202 states that it is the intent of the Legislature that the first priority of the state in responding to the needs of persons with developmental disabilities should be to ensure that all such persons have sufficient food, housing, clothing, medical care, protections from abuse or neglect, and protection from harm. Inherent throughout the State regulations, providers of waiver services and supports must ensure that individuals are free from abuse, neglect, mistreatment, and exploitation; health, safety, and well-being of the individual is a priority; and individuals are treated with consideration, respect, and dignity. State statute 83-1216 and state regulations also require that all DD providers who will provide direct contact services undergo background checks. DHHS also adhere to state statute by completing background and criminal history checks prior to hiring DDD service coordinators.

Information concerning protections from abuse, neglect, mistreatment, and exploitation is provided to participants and his/her legal representative prior to the initiation of services and annually thereafter. Waiver participants may contact DHHS Protective Services or law enforcement. Waiver participants may also tell their DDD SC, a trusted friend, or family member who will report the suspected abuse or neglect on the participant's behalf. DHHS has a statewide toll-free number for reporting allegations which is available 24/7.

Incidents are required to be verbally reported to DDD staff immediately upon the provider becoming aware of the suspected abuse and neglect and reported in writing using the Department approved web-based service system used for incident reporting and case management, within 24 hours of the verbal report. A written summary must be submitted via the web-based incident reporting system to the Department of the provider's investigation and action taken within 14 days. DDD staff triages/reviews the information daily and makes a determination whether to do a complaint investigation or handle it in another manner.

Since 1992, Nebraska has had a Death Review Committee to review all deaths of persons served by DD habilitative providers. The Death Review Committee membership includes representatives from DHHS DDD, the Division of PH, Adult Protective Services, and staff from the Medicaid program.

Nebraska's Death Review Committee reviews information submitted by specialized providers of service relative to the death of persons whose services are funded by the State of Nebraska. This is done in an effort to determine trends or individual situations which may indicate training and/or education needs and to provide information to service providers regarding best practices and prevention.

The Death Review Committee has expanded their review of deaths of persons to include persons whose services are provided by community supports providers.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The State has set up processes to address individual problems as they are discovered.

DHHS staff conduct reviews of each service plan and additional evidence of the process to ensure the service plan reflects the individual's directions, preferences, and personal and career goals. Staff ensure that the service plan is based on adequate assessments of their abilities and that health and safety issues are addressed. When variances are noted, the SC and their Supervisor are notified and take action to correct the service plan. If issues are discovered that will affect the waiver status of the individual, the SC is notified and given a date to respond. The date of response is determined by the Disability Services Specialist (DSS) and varies between 5 and 10 working days, based on the nature of the issue. Failure to receive corrections will result in the removal of the person from the waiver and notification of the SC supervisor. Correction of the areas of concern may allow the person to be maintained on the waiver or to be put back on the waiver if they lost their waiver status. There is no gap in services to the participant; services are funded by state general funds to ensure continuation of services, health and safety. Other issues that do not effect waiver funding are passed along to the Supervisor of the SC responsible for the development of the service plan.

DDD Service Coordination monitors the implementation of the service plan to ensure the timely and efficacious delivery of all services specified in the service plan for the person. Full reviews are conducted within 60 days of the annual and semi-annual service plans. Partial reviews are conducted on an ongoing basis, as a part of the ongoing monitoring process or in response to concerns brought up by the consumer, their family or others. The full reviews consist of checking on items grouped into six groupings: rights, habilitation, financial, service needs, health and safety, and home/work environment.

When issues or problems are discovered during a SC monitoring, the individual's SC documents on the monitoring form a plan to address the issues identified. The plan to address issues may include a team meeting, the facilitation of sharing information between the individual, manager of services, and/or providers, etc. A timeline to address the issues and/or a service plan team meeting date is noted on

the monitoring form as well as whether the issues were resolved within the timeline.

A review of the service plan and the on-site monitoring are documented and entered into a database. This allows individual SCs to track issues that aren't resolved and for DSSs and SC Supervisors to have access to the information in aggregate form to look at the performance of individual service coordinators, and provide aggregate information for SC Supervisors, the Service Coordination Administrator, and the DDD central office. This information is reviewed and acted on, as appropriate, at the local level.

This information is summarized and reviewed by the DDD QIC quarterly. The summarized data for the service plan review are also shared with service coordination staff at the local level and the DSSs. The implementation data summary is shared with Service Coordination, providers and DDD Central Office staff.

By statute, providers have to report any suspected incidents of abuse/neglect to DHHS Protection and Safety Specialists. When providers report alleged abuse and neglect of adults that is not required to be reported by law, the Protection and Safety staff share this information with DDD within 24 hours of receipt. DDD staff triages/reviews the information and makes a determination whether to do a complaint investigation or handle it in another manner.

A database for incidents is a web-based service system used for incident reporting and case management and the database allows DDD to review and aggregate data in various formats. Quarterly, providers submit a report to DDD detailing the incidents in the quarter and actions taken both on an individual and provider wide level to address the issue and to decrease the likelihood of future incidents. A summary of all the incidents and of the providers efforts are compiled into a report reviewed quarterly by the QIC.

ii. **Remediation Data Aggregation: Remediation-related Data Aggregation and Analysis (including trend identification)**

Responsible Party	Frequency of aggregation and analysis
State Medicaid Agency	Other - Semi-annually or as determined by the DDD QI committee or DDD Deputy Director

- c. **Timelines.** When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational. **NO**